

Substitute for form 1449/PTO				Application Number	10/584981
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>				Filing Date	June 29, 2006
				First Named Inventor	Keyvan Behnam
				Art Unit	1651
				Examiner Name	A. Ford
Sheet	1	of	1	Attorney Docket Number	187124/US/3

**U.S. PUBLICATION DOCUMENTS**

*Examiner Initials	Cite No.	DOCUMENT NUMBER Number – Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US 2007/142916 A1	06-21-2007	Olson et al.	
		US 2004/249464 A1	12-09-2004	Bindseil et al.	
		US 2007/118222 A1	05-24-2007	Lang	
		US 2007/162132 A1	07-12-2007	Messerli	
		US 2001/031254 A1	10-18-2001	Bianchi et al.	

**U.S. PATENT DOCUMENTS**

*Examiner Initials	Cite No.	DOCUMENT NUMBER Number – Kind Code (if known)	Issue Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US 5,211,664 A	05-18-1993	Tepic Slobodan et al.	

**FOREIGN PATENT DOCUMENTS**

*Examiner Initials	Cite No.	FOREIGN PATENT DOCUMENT		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	TRANSLATION	
		Country Code:	Number - Kind Code (if known)				YES	NO
		WO	2001/28461 A2	04-26-2001	SDGI Holdings Inc.		<input type="checkbox"/>	<input type="checkbox"/>
		WO	2002/069818 A2	09-12-2002	Synthes USA		<input type="checkbox"/>	<input type="checkbox"/>
		EP	0 621 020 A1	10-26-1994	Sulzer MedizinalTechnik AG		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		WO	2001/70136 A2	09-27-2001	Synthes US et al.		<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER SIGNATURE /Allison Ford/

DATE CONSIDERED

07/15/2010

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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